. No. 2
1—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34127 State File No.

FILED NOV 9 1943
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1123

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days, (Specify whether
In this community 43 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 619 Bon Ton Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene Cooper,
3. (b) If veteran, name war None,
3. (c) Social Security No. 491-09-0535

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Stella Cooper,
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 26, (Month) 1875, (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	16	hr. min.

9. Birthplace Colto-Neck, New Jersey, (City, town, or county) (State or foreign country)
10. Usual occupation Accountant,
11. Industry or business Self,

MOTHER FATHER
12. Name James E. Cooper,
13. Birthplace Unknown, New Jersey, (City, town, or county) (State or foreign country)
14. Maiden name Sarah Haight,
15. Birthplace Unknown, New Jersey, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eugene Cooper
(b) Address 619 Bon Ton Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cem.
18. (a) Signature of funeral director Peters & Brown Funeral
(b) Address 319 So. 10th. Street, Home
19. (a) 10/16/43 (Date received by local registrar) (b) Rose Kenzy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th. year 1943 hour 11:10 minute p. M.
21. I hereby certify that I attended the deceased from 5-31, 1941, to 10-12, 1943, that I last saw h alive on 10-12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(a) Chronic Nephritis — 1 yr
Due to
(b) Chronic Nephritis — 30 days
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 31
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clifton Smith (M. D. or other) M
Address 318 N 7th Date signed 10/13/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Ernest Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.